Tax Invoice - Sighting of BSA Owner Builder Permits

ABN: _____

Invoice Date: _____ Invoice Number: _____

Name of Authority or Certification Company	
Accreditation Number/s	
Period of Claim	

Owner/Builder Permit Number	Date Notified	Owner Name	Date Sighted By Certifier	Your Reference	Individual Certifier

INVOICE SUMMARY

Number Sighted	
Sighting Fee (incl GST)	@ $2.09 each
TOTAL CLAIM *	$

PAYMENT DETAILS

Bank: **Branch:** **BSB:** **Account Number:** **Account Name:**	
Cheque Payable to:	

Privacy Notice

BSA is collecting the information on this form to process a payment for sighting of owner builder permit/s. Collection of this information is authorised by *Queensland Building Services Authority Act 1991.* This nformation can be disclosed by BSA to another party with your consent or as authorised or required by law. For further information visit the BSA website at www.bsa.qld.gov.au